

Kentucky Board of Pharmacy
Spindletop Administration Bldg., Ste 302
2624 Research Park Drive
Lexington, KY 40511
Phone 859-246-2820 Fax 859-246-2823

Initial Application for Pharmacist Licensure

This application and fee must be in the Board Office before taking the NAPLEX or MPJE. Answer all questions in full and print legibly. (Kentucky Board of Pharmacy fees must be made payable to Kentucky State Treasurer in the form of a money order or certified check.)

Applicant must be not less than eighteen years of age, of good moral character and temperament habits, a graduate of an accredited College of Pharmacy and shall file proof of the required Internship under the immediate supervision of a Pharmacist.

The privileges under all certificates as a Pharmacist issued by the Kentucky Board of Pharmacy expire on the twenty-eighth day of February following the date of issuance and must be renewed annually.

FOR OFFICE USE ONLY

NUMBER AND DATE OF CERTIFICATE _____

DATE	NAPLEX	JURISPRUDENCE

I hereby make application for examination by the Kentucky Board of Pharmacy for license as a Pharmacist in Kentucky subject to the provisions of the statutes and rules and regulations of the Board, and being duly sworn submit the following:

1. Name _____

2. Address _____

Street and Number

3. _____
City State Zip Code

4. Telephone Number () _____
(Where you can be reached prior to examination)

5. Place of Birth _____

6. Date of Birth _____

7. Sex (check one): ☐ Male ☐ Female

8. Social Security No. _____

9. Are you a citizen of the United States? _____
(If naturalized, submit papers)

10. I was a graduate of _____ High School
of _____ on the _____ day
of _____, 20 ____.

PHOTOGRAPH:

Please attach a head and shoulders
'passport' sized photograph in this
section.

[No proof copies, plastic ID, or digital
computer images are acceptable.]

OPTIONAL DEMOGRAPHIC INFORMATION

Race/Ethnic Group (check one):

- ☐ Caucasian
☐ Hispanic
☐ Asian
☐ American Indian or Alaskan Native
☐ African American
☐ Other _____

11. Pre-Pharmacy Education:

Name and Location of College Attended

Period of Attendance (show dates)

12. Internship: I have had _____ hours of approved Internship under the supervision of a Pharmacist:

NAME AND ADDRESS OF PHARMACY

FROM

TO

PHARMACIST PRECEPTOR

Intern Certificate/Registration Number _____ State _____

The Board shall not allow credit for Internship unless such can be corroborated by records on file in the Board Office. Interns having served all or part of their time in a Pharmacy outside the Commonwealth of Kentucky shall be given credit for the internship, when affidavit(s) of employment is made by the Preceptor showing the exact time and dates served, and when the internship is attested to by the Pharmacy Board of that state. In such cases, the requirements must be comparable and acceptable to the Kentucky Board. Internship Affidavits are available from the Board Office and will be sent upon request. If all Internship has been previously accepted by the Kentucky Board, additional affidavits are not necessary.

13. Have any charges involving moral turpitude or violation of pharmacy, liquor, or drug laws ever been made against you?

_____ No _____ Yes
If yes, give details: _____

14. Have you ever failed or been refused an examination by any State Board of Pharmacy? _____ No _____ Yes

If yes, give details: _____

15. Have you ever been refused licensure by any State Board of Pharmacy? _____ No _____ Yes

If yes, give details: _____

16. Have you ever had a Certification of Registration as a Pharmacist suspended, probated, or revoked by any State Board of Pharmacy? _____ No _____ Yes

If yes, give details: _____

17. Have you ever been convicted of a misdemeanor? _____ A felony? _____

If yes, give details: _____

(If additional space is needed for details, please attach separate sheet)

I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may now or in the future have concerning me to any person, corporation, institution, association, Board or any municipal, county, state, or federal governmental agencies or units, and that I understand according to the Kentucky Revised Statutes a Pharmacist's License may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a license or permit.

Signature in Full

I hereby certify that the above application was signed, subscribed and sworn to before me this _____ day of _____, 20__.

(Seal)

Signature _____

My commission expires _____ State of _____

This certificate of moral character must be signed by a person of good standing in the community in which the applicant resides.

I, _____ of _____ do say that the applicant herein named, has been personally known to me for _____ years, that my acquaintance with the applicant throughout that period has been sufficiently intimate to afford me ample opportunity to become fully informed as to the applicant's moral character and habits, that the applicant is not addicted to the use of alcoholic liquors or drugs so as to render the applicant unfit to practice Pharmacy, that the applicant is of good moral character and that I recommend the applicant, so far as character and habits are concerned, as worthy to be licensed to practice Pharmacy in Kentucky.

(Date)

(Signature)

(Occupation)

CERTIFICATION OF COLLEGE GRADUATION

[To be executed by the Dean of the College of Pharmacy where the applicant attended Pharmacy School.]

This is to certify that _____ was in regular attendance at _____

From _____
From _____
From _____
From _____
From _____

To _____
To _____
To _____
To _____
To _____

(Please show exact dates – month, day, and year)

and that a certificate of graduation with the degree of _____ was conferred on _____.

(Signature)

(Title)

(SEAL)

(Date)